SENDER! COMPLETE THIS SECTION DOCUME	complete this section on delivery
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X
United States Department of State Office of Passport Policy and Advisory Services 2100 Pennsylvania Ave. N.W., 3 <sup>rd</sup> Floor	
Washington, DC 20037	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
1:02-0R-78-2 (SSB) (Doc.75)	4. Restricted Delivery? (Extra Fee)
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